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PROTOCOL 9 CARDIAC ARREST/CARDIAC DYSRHYTHMIA

Defibrillate At 360 Joules And Repeat Defibrillation Every 2 Minutes, If Rhythm Shockable. 2. Administer Epinephrine, 1 Mg, IV/IO Push, Circulate With 2 Minutes Of CPR. 3. Defibrillate At 360 Joules, If Rhythm Shockable. Resume CPR. 4. Adm 4th, 2024

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Of Poor Tissue Perfusion, Which Carries A Poor
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PA:Ao Ratio Were The Best Screening Tests, With
Highest AUCs (0.879, 0.868 And 0.832, Respectively).
For Group 2, The Ao-Z-score, PA:Ao And RV:LV Ratios
Were The Best Screening Tests, With AUCs Of 0.770,
0.723 And 0.716, Respectively. Conclusion None Of
The Screening Tests Was Found To Be A Perfect Early
Discriminator For The Cardiac Lesions ... 1th, 2024

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The First And Most Important Step ... ACLS Cardiac
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Cardiovascular Life Support. CALS. D I F F E R E N C E S
CALS! In-Hospital Arrest 17% Survive To Discharge (all
Comers) Girotra, NEJM 2012 ! Post Cardiac 3th, 2024

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Given This High Rate Of Morbidity, Secondary Prevention To Control Hypertension Is Tantamount. Cardiac Rehabilitation (CR) Is A Comprehensive Model Of Care For The Secondary Prevention And Control Of CVD, Including Blood Pressure (BP) Assessment And Delivery Of Inter-ventions For Hypertension Management. The Interna- 3th, 2024

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The Anamnesis (cardiovascular Disease, Treatment, Risk Factors For CHD, And Anthro-po-metric Indicators) Was Taken From The Participants In The Form Of A Questionnaire. The HBCT Study Was Initiated By A Walking Exercise Test, Education On The Secondary Preven-tion Of CHD, And Adherence To Physical Exercise (time, Intensity, And Rate Of Perceived 3th, 2024

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Key Words: Cardiac Rehabilitation † Cardiovascular Disease † Epidemiology † Mortality C Ardiovascular Disease Accounts For One Third Of All Deaths In The United States,¹ And 31% Of All Deaths Globally.^{2,3} Cardiac Rehabilitation (CR), Which Emphasizes Smoking Ces-sation, Physical Activity, And Weight

Management, Can 2th, 2024

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For Secondary Prevention In Arab Countries And Canada. Cardiac Rehabilitation (CR) Is An Outpatient Chronic Dis-ease Management Program Delivering Secondary Preven-tion, In A Cost-effective Manner [15]. CR Programs Offer Medical Assessment, Structured Exercise Training, Patient And Family Education, And Delivery Of Comprehensive Man- 3th, 2024

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itation And The Scottish Intercollegiate Guidelines Network.4 5 The Benefits Of Cardiac Rehabilitation (CR) Partic-ipation For Those With Coronary Heart Disease (CHD) And Heart Failure (HF) Are Well Established And Include Reduced Cardiovascular Mortality, Reduced Risk Of Hospital Admissions, Improved Exercise 4th, 2024

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